Element Name:

Patient Coinsurance (1-140) (Continued)

ADJUSTMENT NEW SUFFIX

OR

TYPE OF SUBMISSION

ADJUSTMENT Α

C CANCELLATION WITH AMOUNT > ZERO

WITH FILING DATE WITHIN THE AND NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

NO OCCURRENCE OF SPECIAL

MEDICARE/CHAMPUS DUAL ENTITLEMENT R

PROCESSING CODE

NO OCCURRENCE OF

OVERRIDE CODE

K CATASTROPHIC LOSS

NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION

N RETROSPECTIVE PAYMENT-INPATIENT MENTAL **HEALTH** 

T MHPD RECALCULATION OF RATES, NO COST-SHARE APPLIED

#### NOTE:

IF THE HCSR BEGIN/END DATES OF CARE CROSSOVER A CHANGE IN THE ACTIVE DUTY DAILY RATE, THE DRG DAILY RATE, **OR** THE PSYCH PER DIEM COST-SHARES DAILY RATE (WHICHEVER APPLIES TO THAT HCSR), THE RATES MUST BE APPLIED APPROPRIATELY TO EACH PERIOD OF TIME, FOR COST-SHARE CALCULATIONS.

EDITS FOR TRICARE. ARMY CAM DEMONSTRATIONS, RETIRED SPONSORS AND THEIR FAMILY MEMBERS. AND FAMILY MEMBERS OF DECEASED SPONSORS, OR FORMER SPOUSE).

1-140-20R

PATIENT COINSURANCE MUST BE 50% (ALLOW \$.01 ROUNDING ERROR) OF AMOUNT ALLOWED AND

1-140-20R

PATIENT COPAYMENT MUST BE ZERO WHEN:

ENROLLMENT STATUS =

MANAGED CARE SUPPORT PRIME

SPECIAL PROCESSING CODE

PO TRICARE PRIME - POINT OF SERVICE

1-140-21R

PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED AND

1-145-21R

PATIENT COPAYMENT MUST BE ZERO WHEN:

PROGRAM INDICATOR

INSTITUTIONAL

SPONSOR STATUS

FORMER MEMBER

PERMANENTLY DISABLED

O TEMPORARILY DISABLED

R RETIRED

K DECEASED

D 100% DISABLED

W TITLE III RETIREE

- REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).
- D PATIENT CONSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
- See 1-140-16R and 1-145-16R.
- IP PATIENT COINSURANCE ZERO, SEE PATIENT COPAYMENT EDITS 1:145-17R AND 1-145-18R.
- IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1:145-25R ARD 1:145-26R.
- IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.



Element N	iame: Patient Coinsuran	ce (1	-140) (Continued)
	PATIENT RELATIONSHIP TO SPONSOR	T H R Y	FORMER SPOUSE
	ENROLLMENT STATUS	s	CRI STANDARD CHAMPUS
		g	NEW ORLEANS STANDARD CHAMPUS
		F	TRICARE STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE	F G	ARMY CAM DEMONSTRATIONS
	SPECIAL RATE CODE	<b>"%"</b>	NO SPECIAL RATE
		D	DISCOUNT RATE AGREEMENT
	TYPE OF SUBMISSION	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
	·	0	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
	TYPE OF SUBMISSION	Α	ADJUSTMENT
		С	CANCELLATION WITH AMOUNT ALLOWED > ZERO
			BER OF MONTHS OF HCSRs STORED ON DATABASE;
	NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
		#	HOSPICE
	NO OCCURRENCE OF	K	CATASTROPHIC LOSS
	OVERRIDE CODE	L	NON-DRG REIMBURSEMENT USING DRG- RELATED COST-SHARE CALCULATION
	÷	U	BENEFICIARY INDEMNIFICATION PAYMENT
	MEMBERS OF DECEASED SP	ONSO	ND THEIR FAMILY MEMBERS. AND FAMILY PRS. (OR FORMER SPOUSE). CHAMPUS-DRG N), FOR ARMY CAM DEMONSTRATIONS
1-140-23R	PATIENT COINSURANCE MUST EQ	UAL Z	ERO <sup>2</sup> <u>UNLESS</u>
1-140-24R	20% OF (AMOUNT BILLED MINUS T REIMBURSABLE REVENUE CODES LESS THAN (AUTHORIZED BED DA	S <sup>1</sup> AND	CHARGES BY REVENUE CODE FOR (DRG NON- D DUPLICATE BILLING (1) DENIAL REASON CODE)] IS MES THE DRG DAILY RATE) WHEN:
	PROGRAM INDICATOR =	I	INSTITUTIONAL
	PATIENT DATE OF BIRTH # BEG	IN DA	TE OF CARE (NOT NEWBORN);
	ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
		g	NEW ORLEANS STANDARD CHAMPUS
		F	TRICARE STANDARD PROGRAM
20000000000000000000000000000000000000	CODES POR HOSPITAL BASED PROPESSION COSTS REVENUE CODES 901: 914: 9		HOSPITAL OUTPATIENT: CHARGES AND ORGAN X. 97X, 98X AND 81XL

- ACQUISITION COSTS (REVENUE CODES 901, 914 918, 96%, 97%, 98% AND 81%).

  2 IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
- See 1-140-15R and 1-145-16R.
- 5 IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
- 5 IF PATIENT CONSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.
- 7 IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

Chapter 5

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Y CONTINUED HEALTH CARE BENEFIT PROGRAM

STANDARD

SPECIAL RATE CODE G DRG LONG STAY

H DRG SHORT STAY

I DRG COST OUTLIER

J DRG NO OUTLIER

M DISCOUNTED DRG LONG STAY

N DISCOUNTED DRG SHORT STAY

O DISCOUNTED DRG COST OUTLIER

ARMY CAM DEMONSTRATIONS

9 DISCOUNTED DRG NO OUTLIER

ANY SPECIAL OCCURRENCE

OF SPECIAL PROCESSING

TYPE OF SUBMISSION

G

CODE

I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

ADJUSTMENT NEW SUFFIX

G ADDITIONAL DRG INTERIM BILLING

<u>OR</u>

TYPE OF SUBMISSION

A ADJUSTMENT

CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATA

BASE:

SPONSOR STATUS

F FORMER MEMBER

I PERMANENTLY DISABLED

O TEMPORARILY DISABLED

R RETIRED

K DECEASED

D 100% DISABLED

W TITLE III RETIREE

<u>or</u>

PATIENT RELATIONSHIP TO

SPONSOR

T FORMER SPOUSE

R

Y R

NO OCCURRENCE OF SPECIAL

PROCESSING CODE

H

MEDICARE/CHAMPUS DUAL ENTITLEMENT

# HOSPICE

REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 961, 971, 981 AND 811).

- IP PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
- See 1-140-16R and 1-145-16R.
- <sup>4</sup> See 1-145-15R.
- 5 IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
- 6 IP PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.
- 7 IP PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.



Element 1		ace (	l-140) (Continued)
	NO OCCURRENCE OF	K	CATASTROPHIC LOSS
	OVERRIDE CODE	L	NON-DRG REIMBURSEMENT USING DRG- RELATED COST-SHARE CALCULATION
		U	BENEFICIARY INDEMNIFICATION PAYMENT
	<ul> <li>EDITS FOR RETIRED SPONS MEMBERS OF DECEASED S ARMY CAM DEMONSTRATIO</li> </ul>	PONS	AND THEIR FAMILY MEMBERS, AND FAMILY ORS, CHAMPUS-DRG, PATIENT IS NEWBORN, FOR
-140-25R	PATIENT COINSURANCE MUST EQ	QUAL 2	ZERO <sup>6</sup> UNLESS
-140-26R	REIMBURSABLE REVENUE CODE LESS THAN [(AUTHORIZED BED I	$S^1$ AN	CHARGES BY REVENUE CODE FOR DRG NON- D DUPLICATE BILLING (1) DENIAL REASON CODE (INUS 3) TIMES THE DRG DAILY RATE) WHEN:
	PROGRAM INDICATOR	I	INSTITUTIONAL
	PATIENT DATE OF BIRTH = BE	GIN D	ATE OF CARE (NEWBORN);
	ENROLLMENT STATUS	s	CRI STANDARD CHAMPUS
		g	NEW ORLEANS STANDARD CHAMPUS
		F	TRICARE STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAI STANDARD
	SPECIAL RATE CODE	G	DRG LONG STAY
		H	DRG SHORT STAY
		I	DRG COST OUTLIER
		J	DRG NO OUTLIER
		M	DISCOUNTED DRG LONG STAY OUTLIER
		N	DISCOUNTED DRG SHORT STAY
		0	DISCOUNTED DRG COST OUTLIER
		9	DISCOUNTED DRG NO OUTLIER
	TYPE OF SUBMISSION	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		0	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	OR		
	TYPE OF SUBMISSION	Α	ADJUSTMENT
		С	CANCELLATION WITH AMOUNT ALLOWED > ZE
	DATABASE;	NUM	BER OF MONTHS OF HCSRs STORED ON THE
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE	F G	ARMY CAM DEMONSTRATIONS
	SPONSOR STATUS	F	FORMER MEMBER
ACQUISITIO IF PATIENT	ODES FOR HOSPITAL BASED PROFESSION N COSTS (REVENUE CODES 901, 914.9 COINSURANCE = ZERO, SEE PATIENT CO OR and 1,145.15P	IB, 96	

See 1-145-15R.

See 1-140-18R and 1-145-16R.

IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

7 IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

# III. INSTITUTIONAL EDIT REQUIREMENTS (ELN 145-164)

Element N	iame: Patient Copayme	ent (1-145)	
	Va	llidity Edits	
1-145-01	MUST BE NUMERIC.		erene deus deus serenes e 2020, dels despetentes e que aj deus periode à je
	Rel	ational Edits	
		Edited Element	Also Relates to
	Related to Element	Relationship	Element(s)
	SPONSOR STATUS	SEE BELOW	ENROLLMENT STATUS. PROGRAM INDICATOR. TYPE OF SUBMISSION. PATIENT RELATIONSHIP, FILING DATE. BEGIN DATE OF CARE. PATIENT DOB. SPECIAL RATE CODE. BILL CLASSIFICATION CODE. OVERRIDE CODE
	SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS. PROGRAM INDICATOR. TYPE OF SUBMISSION, SPONSOR STATUS. PATIENT RELATIONSHIP, FILING DATE. BEGIN DATE OF CARE. PATIENT DOB. PATIENT COINSURANCE. OVERRIDE CODE
	TYPE OF SUBMISSION	SEE BELOW	FILING DATE, AMOUNT ALLOWED

- REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 961, 914-918, 96X, 97X, 98X AND 81X)
- <sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
- <sup>3</sup> SEE 1-140-16R AND 1-145-16R.
- 4 SEB 1-145-15R.
- 5 IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
- IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.
- PPATIENT COINSURANCE ZERO SEE PATIENT COPATMENT EDITS 1-145-25R AND 1-145-26R.
- B PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.
- PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R

Element Name: Patient Copayment (1-145) (Continued)

SPECIAL RATE CODE SEE BELOW

ENROLLMENT STATUS. PROGRAM INDICATOR. TYPE OF SUBMISSION. FILING DATE. AMOUNT ALLOWED

PROGRAM INDICATOR

SEE BELOW

ENROLLMENT STATUS. TYPE OF SUBMISSION. FILING DATE, AMOUNT ALLOWED. OVERRIDE CODE

OVERRIDE CODE
OVERRIDE CODE

SEE BELOW

SEE BELOW

ENROLLMENT STATUS. PROGRAM INDICATOR. PATIENT RELATIONSHIP. SPONSOR STATUS.

TYPE OF

SUBMISSION. FILING DATE. PATIENT DOB. BEGIN DATE OF CARE. PATIENT COINSURANCE

# Edited Element Relationship SING CODE = MS MEDICARE SUE

NO ERROR

IF SPECIAL PROCESSING CODE =

MEDICARE SUBVENTION/TRICARE SENIOR

PRIME (NETWORK)

MN MEDICARE SUBVENTION/TRICARE SENIOR PRIME

(NON-NETWORK)

BYPASS ALL COPAYMENT EDITING.

1-145-02R

PATIENT COPAYMENT MUST BE ZERO WHEN:

TYPE OF SUBMISSION

D COMPLETE CONTRACTOR DENIAL

1-145-03R

PATIENT COPAYMENT MUST BE ZERO WHEN:

TYPE OF SUBMISSION

C COMPLETE CANCELLATION (C) WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs

STORED ON THE DATABASE

<u>UNLESS</u> THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO. IN WHICH CASE PATIENT COPAYMENT MUST BE  $\geq$  ZERO

1-145-05R

PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED WHEN:

PROGRAM INDICATOR

I INSTITUTIONAL

**ENROLLMENT STATUS** 

S CRI STANDARD CHAMPUS

- REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914-918, 96X, 97X, 98X AND 81X).
- 2 IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
- SEE 1-140-16R AND 1-145-16R.
- <sup>4</sup> SEE 1-145-15R.
- IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1:145.17R AND 1:145.18R.
- 6 IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.
- IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

9 IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R

Chapter 5

Element I	Name: Patient Copaymen	it (1-	145) (Continued)
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
		T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
		Q	NEW ORLEANS STANDARD CHAMPUS
		F	TRICARE STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	TYPE OF SUBMISSION	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		0	ZERO PAYMENT
	•	F	ADJUSTMENT NEW SUFFIX
	<u>OR</u>		
	TYPE OF SUBMISSION	Α	ADJUSTMENT
		С	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE DATABASE;	NUM	BER OF MONTHS OF HCSRs STORED ON THE
	SPECIAL RATE CODE	D	DISCOUNT RATE AGREEMENT
		P	PER DIEM RATE AGREEMENT
	NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
		#	HOSPICE
	NO OCCURRENCE OF	K	CATASTROPHIC LOSS
	OVERRIDE CODE	L	NON-DRG REIMBURSEMENT USING DRG- RELATED COST-SHARE CALCULATION
1-145-06R	PATIENT COPAYMENT MUST BE ≤ A WHEN:	MOU	NT ALLOWED (AND COINSURANCE MUST BE ZERO)
	PROGRAM INDICATOR	Н	PROGRAM FOR PERSONS WITH DISABILITIES
	ENROLLMENT STATUS	s	CRI STANDARD CHAMPUS
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM

- PREVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914-918, 96X, 97X, 98X AND 81X).
- 2 IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
- 3 SEE 1-140-18R AND 1-145-16R.
- 4 SEE 1-145-15R.
- 5 IF PATIENT COUNTRANCE = ZERO. SEC PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
- 6 IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.
- 7 IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1:145-25R AND 1:145-26R.
- 5 IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.
- P PATIENT COPATMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1:140-07R AND 1:140-08R

# Chapter 5

# Institutional Edit Requirements

Element P	iame: Patient Copaymen	t (1-	145) (Continued)
		Т	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
		9	NEW ORLEANS STANDARD CHAMPUS
		F	TRICARE STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	TYPE OF SUBMISSION	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		0	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
	<u>OR</u>		·
	TYPE OF SUBMISSION	Α	ADJUSTMENT
	***************************************	С	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	DATABASE;	NUM	BER OF MONTHS OF HCSRs STORED ON THE
	NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	•	#	HOSPICE
•	NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	MEMBERS OF DECEASED SP	ONSC	D THEIR FAMILY MEMBERS. AND FAMILY DRS. ( <u>OR</u> FORMER SPOUSE). CHAMPUS-DRG N). ARMY CAM DEMONSTRATIONS
1-140-09R	PATIENT COPAYMENT MUST EQUA <u>UNLESS</u>	L ZEF	RO <sup>9</sup>
1-145-07R	THAN [25% OF AMOUNT BILLED M	INUS	TIMES THE DRG/APPLICABLE DAILY RATE IS LESS (TOTAL CHARGES BY REVENUE CODE FOR DRG AND DUPLICATE BILLING (1) DENIAL REASON
	PROGRAM INDICATOR	I	INSTITUTIONAL
	ENROLLMENT STATUS	s	CRI STANDARD CHAMPUS
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
_		Τ	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
		Q	NEW ORLEANS STANDARD CHAMPUS
		F	TRICARE STANDARD PROGRAM
			HOSPITAL OUTPATIENT CHARGES AND ORGAN
<sup>2</sup> IF PATIENT	ON COSTS (REVENUE CODES 901, 914-9; CODNSURANCE = ZERO, SEE PATIENT CO 16R AND 1-145-16R. 15R.		
	COINSURANCE = ZERO, SEE PATIENT CO		
	COINSURANCE = ZERO SEE PATIENT CO	AYM	ENT EDITS 1-145-23R AND 1-145-24R.

7 IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

9 IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R

IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

Chapter 5

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- D MANAGED CARE SUPPORT TRICARE-TIDEWATER
  - STANDARD CHAMPUS PROGRAM
- Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
- TYPE OF SUBMISSION I INITIAL SUBMISSION
  - R RESUBMISSION OF ERROR REJECT
  - O ZERO PAYMENT
  - F ADJUSTMENT NEW SUFFIX
  - G ADDITIONAL DRG INTERIM BILLING

<u>OR</u>

TYPE OF SUBMISSION

- A ADJUSTMENT
- C CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE:

PATIENT DATE OF BIRTH # BEGIN DATE OF CARE (NOT NEWBORN)

SPECIAL RATE CODE

- G DRG LONG STAY
- H DRG SHORT STAY
- DRG COST OUTLIER
- J DRG NO OUTLIER
- M DISCOUNTED DRG LONG STAY
- N DISCOUNTED DRG SHORT STAY
- O DISCOUNTED DRG COST OUTLIER
- DISCOUNTED DRG NO OUTLIER

SPONSOR STATUS

- F FORMER MEMBER
- I PERMANENTLY DISABLED
- O TEMPORARILY DISABLED
- R RETIRED
- K DECEASED
- D 100% DISABLED
- W TITLE III RETIREE

PATIENT RELATIONSHIP TO SPONSOR = FORMER SPOUSE (T. H. R OR Y);

NO OCCURRENCE OF

OVERRIDE CODE

- K CATASTROPHIC LOSS
- L NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
- U BENEFICIARY INDEMNIFICATION PAYMENT
- REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914-918, 962, 972, 982 AND 822).
- 2 IP PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
- SEE 1-140-16R AND 1-145-16R.
- 4 SEE 1-145-15R.
- D PATIENT COINSURANCE ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
- 5 IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.
- PATIENT CONSURANCE = ZERO SEZ PATIENT COPATHENT EDITS 1-145-25R AND 1-145-26R.
- B PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.
- IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R



			4 24 4 4 4 4 4
*Element name	- X-00000000000000000000000000000000000	{ <del></del>	ot (1-145) (Continued)
		destructed distribute above distribute	

NO OCCURRENCE OF SPECIAL

PROCESSING CODE

G ARMY CAM DEMONSTRATIONS

N CHAMPUS SELECT

R MEDICARE/CHAMPUS DUAL ENTITLEMENT

VA MEDICAL CENTER CLAIM

# HOSPICE

 EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, CHAMPUS-DRG, PATIENT IS NEWBORN.

1-140-09R

PATIENT COPAYMENT MUST EQUAL ZERO9 UNLESS

1-145-08R

GOVERNMENT AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG/APPLICABLE DAILY RATE IS LESS THAN (25% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES<sup>1</sup> AND DUPLICATE BILLING (1) DENIAL REASON CODE) WHEN:

PROGRAM INDICATOR

INSTITUTIONAL

**ENROLLMENT STATUS** 

- S CRI STANDARD CHAMPUS
- J MANAGED CARE SUPPORT HOMESTEAD STANDARD CHAMPUS PROGRAM
- M MANAGED CARE SUPPORT CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
- T MANAGED CARE SUPPORT STANDARD CHAMPUS PROGRAM
- Q NEW ORLEANS STANDARD CHAMPUS
- F TRICARE STANDARD PROGRAM
- D MANAGED CARE SUPPORT TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
- Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

TYPE OF SUBMISSION

- I INITIAL SUBMISSION
- R RESUBMISSION OF ERROR REJECT
- O ZERO PAYMENT
- F ADJUSTMENT NEW SUFFIX
- G ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION

- A ADJUSTMENT
- C CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;

PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);

- REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 962, 972, 982 AND 812).
- IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPATMENT EDITS 1-145-07R AND 1-145-08R.
- <sup>3</sup> SEE 1-140-16R AND 1-145-16R.
- <sup>4</sup> SEE 1-146-15R.
- 5 IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
- 6 IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.
- PATIENT COINSURANCE = ZERO SEE PATIENT COPATIBENT EDITS 1:145-25R AND 1:145-26R.
- B IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.
- 9 IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R

Chapter 5

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SPECIAL RATE CODE

.

- G DRG LONG STAY
- H DRG SHORT STAY
- I DRG COST OUTLIER
- J DRG NO OUTLIER
- M DISCOUNTED DRG LONG STAY
- N DISCOUNTED DRG SHORT STAY
- O DISCOUNTED DRG COST OUTLIER
- Q DISCOUNTED DRG NO OUTLIER
- I PERMANENTLY DISABLED
- O TEMPORARILY DISABLED
- R RETIRED
- K DECEASED

NO OCCURRENCE OF OVERRIDE CODE

- K CATASTROPHIC LOSS
- L NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
- U BENEFICIARY INDEMNIFICATION PAYMENT

NO OCCURRENCE OF SPECIAL PROCESSING CODE

F G

- ARMY CAM DEMONSTRATIONS
- N CHAMPUS SELECT
- R MEDICARE/CHAMPUS DUAL ENTITLEMENT
- \* VA MEDICAL CENTER CLAIM
- # HOSPICE

IN WHICH CASE PATIENT COPAYMENT MUST EQUAL AUTHORIZED BED DAYS MINUS 3. TIMES THE DRG DAILY RATE. IF (AUTHORIZED BED DAYS MINUS 3)  $\leq$  0. PATIENT COPAYMENT = \$0.00.

#### 1-140-09R

WHEN THE PRECEEDING CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COPAYMENT MUST BE ZERO IF PATIENT COINSURANCE IS NOT ZERO. (USE 1-145-07R OR 1-145-08R IF CALCULATION RESULTS IN EQUAL VALUES. BUT VALUE SUBMITTED DOES NOT MATCH CALCULATION.)

PATIENT COPAYMENT MUST BE ZERO IF PATIENT COINSURANCE IS NOT ZERO.

USE 1-145-07R  $\underline{\mathbf{OR}}$  1-145-08R IF CALCULATION RESULTS IN EQUAL VALUES, BUT VALUE SUBMITTED DOES NOT MATCH CALCULATION.

#### NOTE:

PATIENT COPAYMENT = ZERO ON INSTITUTIONAL HCSRs, FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (OR FORMER SPOUSE), STATE-DRG AND NON-DRG RECORDS. SEE PATIENT COINSURANCE EDIT 1-140-12R.

- REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901; 914-918, 96X, 97X, 98X AND 81X).
- IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
- <sup>9</sup> SEB 1-140-16R AND 1-145-16R.
- <sup>4</sup> SEE 1-145-15R.
- 5 IF PATIENT CONSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
- B PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.
- 7 IF PATIENT COUNSURANCE = ZERO SEE PATIENT COPATMENT EDIES 1-145-25R AND 1-145-26R.
- F PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.
- De patient co-patient equals zero, see patient coensurance edits 1:140-07R and 1:140-08R

## Element Name: Patient Copayment (1-145) (Continued)

 EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS <u>OR</u> TAMP DESIGNEE, NOT SUCCESSIVE ADMISSION, INCLUDES CHAMPUS-DRG RECORDS. (CHAMPUS DRG PATIENT IS NOT NEWBORN).

1-145-10R

PATIENT COPAYMENT MUST EQUAL \$0.00 IF GOVERNMENT AUTHORIZED BED DAYS = 0. OTHERWISE. COPAYMENT MUST EQUAL THE LARGER OF GOVERNMENT AUTHORIZED BED DAYS TIMES THE ACTIVE DUTY DAILY RATE FOR THE PERIOD. OR \$25.00. NO OCCURRENCE OF SPECIAL PROCESSING CODE = CHAMPUS SELECT (N). VA MEDICAL CENTER CLAIM (\*). OR HOSPICE (#). OR MENTAL HEALTH (MH) ACTIVE DUTY COST SHARE.

1-145-13R

PATIENT COINSURANCE MUST BE ZERO WHEN:

PROGRAM INDICATOR

INSTITUTIONAL

ENROLLMENT STATUS

S CRI STANDARD CHAMPUS

J MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM

M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM

T MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM

Q NEW ORLEANS STANDARD CHAMPUS

F TRICARE STANDARD PROGRAM

D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM

Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

TYPE OF SUBMISSION

INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

Ţ

F ADJUSTMENT NEW SUFFIX

G ADDITIONAL DRG INTERIM BILLING

<u>OR</u>

TYPE OF SUBMISSION

A ADJUSTMENT

CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE:

SPONSOR STATUS

A ACTIVE DUTY

P TAMP DESIGNEE

B RECALLED ACTIVE DUTY

E MEPCOM ENLISTEE

J ACADEMY/OCS

N NATIONAL GUARD

- REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).
- 2 IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1:145-07R AND 1:145-08R.
- SEE 1-140-16R AND 1-145-16R.
- SEE 1-145-15R.
- IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
- F PATIENT COINSURANCE = ZERO SEE PATIENT COPATMENT EDITS 1-145-23R AND 1-145-24R.
- PATIENT COINSURANCE = ZERO SEE PATIENT COPATMENT EDITS 1:145-25R AND 1:145-25R.
- B PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1:145-28R.
- PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R

Chapter 5

**Element Name:** 

## Patient Copayment (1-145) (Continued)

- Q PRISON/APPELLATE
- V RESERVE
- T FOREIGN MILITARY

SPECIAL RATE CODE ≠

D DISCOUNT RATE AGREEMENT

PATIENT DATE OF BIRTH # BEGIN DATE OF CARE (NOT NEWBORN)

WHEN SPECIAL RATE CODE = G. H. I. J. M. N. O. P. BLANK. OR Q (CHAMPUS DRG)

PATIENT RELATIONSHIP TO SPONSOR NOT = FORMER SPOUSE (T, H, R OR Y)

BILL CLASSIFICATION CODE

1 INPATIENT

NO OCCURRENCE OF SPECIAL

R MEDICARE/CHAMPUS DUAL ENTITLEMENT
MH MENTAL HEALTH ACTIVE DUTY COST SHARE

# HOSPICE

NO OCCURRENCE OF OVERRIDE CODE

PROCESSING CODE

J SUCCESSIVE ADMISSION

K CATASTROPHIC LOSS

U BENEFICIARY INDEMNIFICATION PAYMENT

V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN OCHAMPUSEUR

EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS OR TAMP DESIGNEE.
 CHAMPUS-DRG. PATIENT IS NEWBORN.

#### 1-145-11R

PATIENT COPAYMENT MUST EQUAL \$0.00 IF (GOVERNMENT AUTHORIZED BED DAYS MINUS 3)  $\leq$  0.

OTHERWISE, PATIENT COPAYMENT MUST EQUAL THE LARGER OF GOVERNMENT AUTHORIZED BED DAYS MINUS 3. TIMES THE ACTIVE DUTY DAILY RATE FOR THE PERIOD.  $\underline{or}$  \$25.00

NO OCCURRENCE OF SPECIAL

N CHAMPUS SELECT

PROCESSING CODE

## 1-145-13R

AND PATIENT COINSURANCE MUST BE ZERO WHEN:

PROGRAM INDICATOR

I INSTITUTIONAL

**ENROLLMENT STATUS** 

- S CRI STANDARD CHAMPUS
- J MANAGED CARE SUPPORT HOMESTEAD STANDARD CHAMPUS PROGRAM
- M MANAGED CARE SUPPORT CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
- T MANAGED CARE SUPPORT STANDARD CHAMPUS PROGRAM
- Q NEW ORLEANS STANDARD CHAMPUS
- F TRICARE STANDARD PROGRAM
- REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914-918, 962, 972, 982 AND 812).
- 2 IF PATIENT CONSURANCE = ZERO, SEE PATIENT COPATMENT EDITS 1-145-07R AND 1-145-08R.
- <sup>3</sup> SEE 1-140-16R AND 1-145-16R.
- 4 SEE 1-145-15R.
- 5 IF PATIENT CONSURANCE = ZERO, SEB PATIENT COPAYMENT EDITS 1-146-17R AND 1-145-18R.
- BP PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1:145-29R AND 1:145-24R.
- Description of the second o
- IF PATIENT CONSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.
- IP PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R



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Element Name: Patient Copayme	nt (1-	145) (Continued)
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
·	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	0	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
<u>OR</u>		
TYPE OF SUBMISSION	Α	ADJUSTMENT
	С	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE DATABASE;	E NUM	BER OF MONTHS OF HCSRs STORED ON THE
SPONSOR STATUS	Α	ACTIVE DUTY
	P	TAMP DESIGNEE
	В	RECALLED ACTIVE DUTY
•	E	MEPCOM ENLISTEE
•	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISONER/APPELLATE
	v	RESERVE
	T	FOREIGN MILITARY (T);
PATIENT DATE OF BIRTH = BE	GIN DA	TE OF CARE (NEWBORN);
SPECIAL RATE CODE = G. H. I,	J. M. N	I. O. <u>OR</u> Q (CHAMPUS DRG);
BILL CLASSIFICATION CODE	1	INPATIENT
NO OCCURRENCE OF SPECIAL	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
PROCESSING CODE	N	CHAMPUS SELECT
	#	HOSPICE
	MH	MENTAL HEALTH ACTIVE DUTY COST SHARE
NO OCCURRENCE OF	J	SUCCESSIVE ADMISSION
OVERRIDE CODE	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	**	

EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS OR TAMP DESIGNEE. SUCCESSIVE ADMISSIONS.

ACTIVE DUTY FAMILY MEMBER SERVICES

PROVIDED IN OCHAMPUSEUR

- REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 962, 972, 982 AND 812).
- IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
- SEE 1-140-16R AND 1-145-16R.
- 4 SEE 1-145-15R.
- IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
- IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.
- IF PATIENT COINSURANCE = ZERO SEE PATIENT COPATMENT EDITS 1-145-25R AND 1-145-26R.
- IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.
- IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R

Chapter 5

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## Patient Copayment (1-145) (Continued)

#### 1-145-12R

PATIENT COPAYMENT MUST BE ≤ GOVERNMENT AUTHORIZED BED DAYS TIMES THE ACTIVE DUTY DAILY RATE AND

PATIENT COINSURANCE MUST BE ZERO WHEN:

PROGRAM INDICATOR

I INSTITUTIONAL

ENROLLMENT STATUS

S CRI STANDARD CHAMPUS

J MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM

M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM

T MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM

Q NEW ORLEANS STANDARD CHAMPUS

F TRICARE STANDARD PROGRAM

MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM

Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

SPONSOR STATUS

A ACTIVE DUTY

P TAMP DESIGNEE

B RECALLED ACTIVE DUTY

E MEPCOM ENLISTEE

J ACADEMY/OCS

N NATIONAL GUARD

9 PRISONER/APPELLATE

V RESERVE

T FOREIGN MILITARY

PATIENT RELATIONSHIP ≠

T FORMER SPOUSE

H R

Y

TYPE OF SUBMISSION

INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

G ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION

A ADJUSTMENT

C CANCELLATION WITH AMOUNT ALLOWED > ZERO

- PREVENUE CODES FOR HOSPITAL BASED PROPESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914-918, 962, 972, 982 AND 813).
- 2 IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
- SEE 1-140-16R AND 1-145-16R.
- SEE 1-145-15R.
- DEPARTMENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
- D PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.
- IF PATIENT COINSURANCE = ZERO SEE PATIENT COPATMENT EDITS 1-145-25R AND 1-145-26R.
- IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.
- PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R

## Element Name: Patient Copayment (1-145) (Continued)

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;

BILL CLASSIFICATION CODE

NO OCCURRENCE OF SPECIAL

PROCESSING CODE

1 INPATIENT

R MEDICARE/CHAMPUS DUAL ENTITLEMENT

# HOSPICE

MH MENTAL HEALTH ACTIVE DUTY COST SHARE

ONE OCCURRENCE OF

OVERRIDE CODE

J SUCCESSIVE ADMISSION

NO OCCURRENCE OF OVERRIDE CODE

K CATASTROPHIC LOSS

U BENEFICIARY INDEMNIFICATION PAYMENT

V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN OCHAMPUSEUR

## 1-140-14R PATIENT COST-SHARE<sup>3</sup> MUST BE THE LESSER OF:

a.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED. OR (THE LESSER OF):

b.) 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES<sup>1</sup> AND DUPLICATE BILLING (1) DENIAL REASON CODE) OR

c.) 15% OF AMOUNT ALLOWED WHEN

ANY OCCURRENCE OF

SPECIAL PROCESSING CODE

N CHAMPUS SELECT

OR

d.) 15% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES<sup>1</sup> AND DUPLICATE BILLING (1) DENIAL REASON CODE) WHEN

ANY OCCURRENCE OF

SPECIAL PROCESSING CODE

N CHAMPUS SELECT

## 1-145-14R OR

e.) AUTHORIZED BED DAYS<sup>4</sup> TIMES THE DRG/APPLICABLE DAILY RATE WHEN:

ANY OCCURRENCE OF OVERRIDE CODE = NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION (L);

PROGRAM INDICATOR

I INSTITUTIONAL

**ENROLLMENT STATUS** 

S CRI STANDARD CHAMPUS

J MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM

M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM

Q NEW ORLEANS STANDARD CHAMPUS

F TRICARE STANDARD PROGRAM

- REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914-918, 96Z, 97Z, 98Z AND 81Z).
- IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
- SEE 1-140-16R AND 1-145-16R.
- <sup>4</sup> SEE 1-145-15R.
- DEPARTMENT CONSURANCE = ZERO, SEE PATIENT COPARMENT EDITS 1-145-17R AND 1-145-18R.
- F PATIENT COINSURANCE ZERO SEE PATIENT COPATMENT EDITS 1-145-23R AND 1-145-24R.
- 7 IP PATIENT COINSURANCE = ZERO SEE PATIENT COPATMENT EDITS 1:145-25R AND 1-145-26R.
- IF PATIENT COMSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.
- 9 IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R